



## New Jersey Department of Children and Families Policy Manual

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### Overview 11-4-2013

**CP&P and the Children's System of Care (CSOC) only place youth in facilities under contract with DCF.** CP&P and the Children's System of Care (CSOC) negotiate program contracts with each group home. The Office of Licensing is responsible to evaluate and license the facilities. A group home may be an appropriate alternative placement for youth between the ages of ten and 18 whose physical, mental, educational, social, behavioral, emotional problems, or relationships to their own parents or current caregivers are such that they are more likely to benefit from the treatment and supervision of living in a group facility rather than in a family setting. Placing youth under age ten in a group home is prohibited unless deemed clinically appropriate due to medical necessity. The determination is made in consultation with CSOC, Placement Services Unit.

Group homes provide care and treatment services to youth with significant behavioral and emotional disturbances with some capability to engage in community-based activities.

Group home placements are subject to review by the Child Placement Review Board. See [CP&P-IV-A-3-200](#).

### Supervisor in Consultation with Casework Supervisor and Office Manager

An exception to placing a youth under age ten in a group home may be clinically appropriate due to medical necessity -- You, in consultation with the Permanency Worker, the Children's System of Care (CSOC) and other interested parties, decide if an exception should be granted to place a youth under age ten in a group home setting when it is deemed to be clinically appropriate due to medical necessity. Documentation regarding the need for an exception is submitted for review to the CSOC, Placement Services Unit.

Children and youth under CP&P supervision, who have medical needs that require more than routine health care, may need placement in specialized group care settings called "Pediatric Community Transitional Homes."

### **Group Home Program 7-8-2005**

**The group home program** is not appropriate for youth under age ten. A group home provides the following treatment elements:

- A structured living environment is present to meet the individual and group needs of youth. The program is structured to provide not only for the physical care and daily living needs, but for the emotional support and guidance needed to promote a source of security, belonging and self-worth within each youth accepted for placement.
- Social and clinical services are available to all youth and their families and are an integral part of the treatment program. Services are rendered on a direct or referral basis in the community and may include social work functions such as casework and group work, behavior modification, as well as individual and family therapy services provided in a clinical setting.
- Recreational activities are planned and structured to meet the needs of youth of varying ages, interests, and abilities.
- A program of health care provides preventative and ongoing medical and dental treatment for all youth in residence. The group home maintains access to qualified medical care and has provisions for medical emergencies on a 24 hour, seven day a week basis. Nursing services to meet care needs are provided to children and youth placed in pediatric community transitional home settings.
- Educational programs operate in accordance with the provisions of N.J.S.A. 18A:46-1 et seq. Educational programs are located on grounds, in the community accessible in a private setting, or provided by the local public school system.
- Vocational services are offered for youth preparing to return to the community and function independently. Youth, age 14 and older, are eligible to receive life skills training to further assist with preparation for independent living. These services are based on an evaluation of the youth's school performance, interest and abilities.
- Psychiatric and psychological services assist staff in the diagnosis of youth who evidence emotional or personality difficulties; in the preparation and review of treatment plans, aftercare planning, and medication monitoring; and in the provision of individual treatment as part of the group home's overall plan for each youth.

- Religious activities enable the youth to have the opportunity to participate in religious services or faith based activities, in accordance with the individual's own faith. Youth have the opportunity to participate in activities and utilize resources and facilities in the community outside the group home. Youth are provided available supports to encourage self-reliance and expand their developmental experiences.
- Independent living skills programs are accessible to youth, age 14 and older. These programs are to assist youth in becoming self-reliant as they prepare for the future as young adults.

### **Legal Provisions 10-28-80**

The statutory citations that form the legal basis for the supervision and use of group homes are the same as those for residential services in general and are noted in [CP&P-II-A-5-200](#).

The educational program requirement is found in N.J.S.A. 18A:46-1 et seq. and appropriate other New Jersey statutes. Instruction must be appropriate to the needs of the pupil, and a course of study or special education training is provided according to the needs and abilities of the child. This education may be provided either in a public school setting or by an approved nonpublic school operated by the agency or an educational institution in the community.

N.J.S.A. 30:4C-26 and 40:55D-66 expressly prohibit municipalities from discriminating in their zoning ordinances governing single family dwellings between children residing in them by virtue of their relationship by blood, marriage/civil union partnership or adoption and children residing in them by virtue of their placement in a group home.

N.J.S.A. 40:55D-66 and N.J.A.C. 10:128-1.2 limit the number of children in a group home to 12.

### **Written Program Criteria 9-3-93**

Each group home has specific intake, admission, and discharge policies maintained as part of the group home's written program plan. The policies include age, sex and behavior characteristics of children who are eligible for admission, as well as other criteria that may make a child ineligible. The criteria are reviewed and approved by CP&P at the time the contract agreement is signed. Policies are reviewed annually and revised as the needs and conditions of the State in regard to its child care responsibilities change and in accordance with the Manual of Requirements for Children's Group Homes, N.J.A.C. 10:128.

### **Staff Requirements 9-3-93**

The number and qualifications of staff are determined by the type of child accepted and program services provided in the group home. Since group homes provide a more intimate family-like setting than child care institutions, full-time staff may be limited to house/parents or equivalent child care staff, plus part-time social service/clinical staff, and consultants. Some group homes which treat more severely disturbed children require a full-time social worker. The homes make maximum use of available community resources in their programming to provide the back up therapy, clinical and vocational services which may be required in individual treatment plans. Staff hired to provide parenting, child care, and treatment services must be qualified to assume the responsibilities listed for the positions they are hired to fill. The community-based nature of group homes also requires that staff possess knowledge of local resources and have the ability to draw on those resources to meet specific program needs.

### **Children Appropriate for Referral to a Group Home                      9-3-93**

Group home care may be provided to the child who:

- requires more intensive social services and greater structure and supervision than can be provided in his own home, resource home or shelter home, or
- is functioning adequately in school and the community but is having difficulties adjusting to his natural/resource family setting, or
- needs a transitional placement between the satisfactory completion of a residential program or psychiatric hospitalization and a return to his own home/resource home or to Independent Living.

It is not necessary for a child to be classified by a child study team to be eligible for placement in a group home.

### **Selecting a Group Home 9-3-93**

Once the Worker decides that a child may benefit from placement in a group home setting and that it is the least restrictive but most appropriate placement, he should consult the Residential Resource Guide binder for the purpose of selection. The Guide lists all group homes currently contracting with CP&P. The current contracted rate and basic information necessary to select a home are noted there.

There are no group homes that accept both males and females. All group homes have age requirements and other stipulations such as unacceptable behaviors, etc., which narrow the choice.

The Federal Adoption Assistance and Child Welfare Act of 1980 requires that a child be placed in close proximity to the natural home. Visits and holidays can be conveniently and easily arranged.

The child's educational needs must be taken into consideration in selecting a group home. The educational program most appropriate for the child must be available either in a public school or an approved non-public school accessible to the selected group home.

Similarly, the child's special health/medical needs, if any, are considered in the selection process.

## **Referral      10-17-2011**

The Worker prepares CP&P Form [25-70](#), CP&P Referral Summary for Out-of-Home Treatment, which includes a statement indicating why placement in an out-of-home treatment setting is recommended as opposed to a less restrictive, nonresidential treatment setting/program that would permit the child to remain with his or her natural or resource family.

The information entered into CP&P Form [25-70](#), CP&P Referral Summary for Out-of-Home Treatment, is supported by the following:

1. Bio-Psycho-Social or Psychological Evaluations completed within the past 12 months (if the last evaluation was completed longer than 6 months ago, CP&P will receive an Intensity of Service (ISO) determination from PerformCare, and will be asked to provide an updated report from the youth's therapist).

If no evaluations have been completed, or the current evaluation is more than one year old, PerformCare can set up a Psycho-Social evaluation;

2. Psychiatric Evaluation (required if the youth is currently prescribed any psychotropic medication);
3. Psychiatric Evaluation or Psychiatric Discharge document (if the youth has been hospitalized for mental/behavioral health reasons within the past 45 days);
4. Child Study Team (CST), Individual Education Plan (IEP), and relevant court order;
5. Specialized Evaluations (if applicable):
  - a. Fire Setting Evaluation with Risk Level,
  - b. Psychosexual Evaluation with Risk Level,
  - c. Substance Abuse Evaluation;
6. If CP&P does not have custody or guardianship, include the **signed CP&P Form [25-59](#)**, Residential Placement Agreement and/or Acknowledgement

Between The State of New Jersey Division of Youth and Parent(s), Legal Guardian, or Legal Custodian;

7. If CP&P does have custody or guardianship, include the court order allowing CP&P to facilitate out-of-home placement;
8. If the youth is age 18 or over, the CP&P Form [25-59](#), Residential Placement Agreement, signed by the youth, **or** verbal consent, given by the youth over the telephone to PerformCare, is required.

See CP&P Form [25-70](#) instructions for information regarding how a referral is made through PerformCare, and how a referral is made to a CP&P contracted treatment provider.

When making a referral through PerformCare, follow the Telephonic Review process. PerformCare will make an Intensity of Service (IOS) level determination. Information regarding the youth is then placed by PerformCare on Youth Link, which allows providers (at the youth's IOS level, and those at a lower level) to view information regarding the youth and request a referral packet if the youth may be a fit for their program.

PerformCare will provide instructions on how to facilitate the placement through the Special Residential Treatment Unit (SRTU), if the IOS is for a specialty treatment (SPEC), a Psychiatric Community Residence (PCR), or for a pregnant youth.

The assigned Worker takes the initiative in contacting providers at the IOS level determined by PerformCare (or those at a lower level), to assist with securing a suitable out-of-home treatment provider for the youth as expeditiously as possible. Do not wait for providers to contact CP&P to request a referral packet.

Note: If a youth is placed with a provider at a lower IOS level than determined by PerformCare, it is expected that the provider is able to provide for the needs of the youth within their current clinical milieu, i.e., without additional fiscal support to augment the program for the youth being placed.

Following a youth being placed with an out-of-home treatment provider, the Worker takes all actions needed to ensure NJ SPIRIT is updated, i.e., entering a new location, line of service, etc. If the Worker has any questions regarding updates needed to NJ SPIRIT following a placement, consult the Supervisor. Contact the NJ SPIRIT Helpdesk, if necessary.

## **Out-of-Home Referral Packet Checklist**

**10-17-2011**

To view or print the current the Children's System of Care (CSOC) out-of-home (OOH) referral packet, go to <http://www.performcarenj.org/provider/forms.aspx>

The following information regarding the CSOC Out-of-Home Referral Packet Checklist is given for reference purposes only, and may be helpful to Workers when preparing for a Telephonic Review with PerformCare, or when preparing to send an out-of-home referral packet to a provider, on behalf of a youth. If the Worker has any questions regarding the information a particular OOH provider requires, contact the provider directly.

Note: Update the CP&P Form [25-70](#), CP&P Out-of-Home Referral Summary, as needed, each time an OOH referral is initiated, to ensure the most current information is given.

### **Out-of-Home Referral Packet Checklist (example)**

#### **Cover letter with identifying information including:**

- Youth's name/CYBER# (identification number, assigned for electronic tracking purposes);
- Youth's current location;
- Date of OOH Referral request/Telephonic Review;
- Current Intensity of Service (IOS) determination;
- CP&P involvement;
- Efforts to secure OOH Treatment;
- E-mail and telephone number, with extension, of both Case Manager and Supervisor;
- Supervisor's signature confirming review of packet.

#### **Recent Clinical Information, within 12 months (if the last evaluation was completed more than 6 months ago, include an updated report from therapist):**

- Bio-Psycho-Social or Psychological Evaluation
- Psychiatric Evaluation (if the child is on psychotropic medication and/or had a recent hospitalization).

#### **Specialized Evaluations, if applicable (within the last year):**

- Fire Setting Evaluation with Risk Level;
- Psychosexual Evaluation with Risk Level;

- Substance Abuse Evaluation.

**Previous Out-of-Home Outcomes:**

- Discharge Summaries or Rejection Documentation from each prior or current Out-of-Home Treatment Setting (if applicable);
- Transitional Joint Care Review report.

**Court Involvement:**

- Status and copy of any legal charges
- Probation reports
- Pre-sentencing report
- Court order for residential treatment.

**Other reports:**

- Status of Department of Children and Families, Division of Developmental Disabilities (DDD) involvement, if applicable;
- School-IEP, if classified;
- Medical Reports (if child has a medical condition);
- Other (identify type of report).

**Pre-Placement Requirements (obtain while actively seeking placement):**

- Confirmation of Medicaid eligibility;
- Long Form Birth Certificate and Social Security Card;
- Immunization records;
- List of medications, including prescriptions;
- Dental status information;
- Physical examination, within 24 hours of placement;
- Eye and hearing exam;



- School transfer card;
- For residential placements - funding commitment from Board of Education;
- CP&P only - copy of court order showing legal authority to place and family assessment, including permanency plan.

### **Preplacement Interview 9-3-93**

A preplacement interview is arranged by a group home representative within seven days of receipt of a complete referral if the child appears to be an appropriate candidate and if there is a vacancy or impending vacancy in the group home. The child is accompanied to the interview by the Worker and by a parent, guardian, or relative, if appropriate.

During the interview, the staff representative of the group home informs the parent or legal guardian of the treatment and social services provided by the program.

The parent or guardian shares in the responsibility of planning for the child's placement in the group home program when appropriate. Their role in the treatment plan is explained and the program's treatment relationship with the family is clarified by group home staff.

The group home staff representative explains the program's expectations and requirements for acceptable behavior. He provides the child with a description of the home's criteria for a successful completion of the program. A discussion of educational plans for the child is also held at this time.

### **Educational Arrangements 10-28-80**

It is necessary to begin school arrangements prior to the child's admission to the facility as the local public school or appropriate nonpublic placement the child will attend must be made aware of the impending admission.

N.J.S.A. 18A:46-14 provides that whenever CP&P places a child in any school district the child is entitled to the educational benefits of that district provided that the district of residence, as determined by the Commissioner of Education, is responsible for paying tuition for such child to the district in which he is placed.

The district of residence for children in residential State facilities, or who have been placed by State agencies in group homes, private schools or out-of-state facilities, is the present district of residence of the parent or guardian with whom the child lived prior to his most recent admission to a State facility or most recent placement by a State agency. Therefore the district in which the group home is located provides the educational program for the child placed in the group home and charges back the

educational program costs to the school district where the parent(s) or legal guardian resides.

The district where the group home is located is responsible to provide daily transportation for the child to and from school. Such transportation when approved by the County Superintendent of Schools is eligible for reimbursement by the Department of Education.

At the time of enrollment, the following activities must be accomplished:

- the CP&P Worker presents all relevant pupil records to the child study team for reviews, in addition to the pupil records forwarded by the last school district the pupil attended;
- the local school district is notified of the financially responsible school district (the district in which the parent(s) or legal guardian resides) by the CP&P Worker; and
- the district in which the legal guardian resides is notified regarding the placement of the pupil in the group home and the district's financial responsibility for educational costs. This notification is the responsibility of the receiving district.

However, as a courtesy, and in the interests of maintaining good relationships with the various public school systems, the CP&P Worker is encouraged to provide this notification as part of the educational arrangements.

### **Admission 9-3-93**

A decision on admission is made within 21 days after the preplacement interview and the Worker is notified of the decision in writing if the child is accepted or rejected for placement.

All group homes require that the children have a physical examination by a licensed physician within 30 days prior to admission. The Worker is responsible to ensure that the physical examination is completed and documented on the Child's Medical Examination Form, CP&P Form [11-2](#).

The examination is paid for by Medicaid for eligible children, by the child's parents if they are financially able to pay or by Code 65. As a final alternative, CP&P may pay using a CP&P Form [K-100](#), Client Service Invoice, if no other resource is available and the service provider is a "one-time" non-contracted provider. If the provider is a "contracted" provider, he or she submits charges for the service rendered on his or her monthly CP&P Form [K-100](#), Billing Spreadsheet, to the appropriate Local Office via the ["Secure Billing" process](#).

Before a child can be admitted for placement to a group home, the proper authorization must be secured on the Residential Placement Agreement, CP&P Form [25-59](#). See [CP&P-IV-E-1-400](#).

The arrival of a new child is handled by group home staff in a manner consistent with the child's age, maturity, ability to understand the need for the placement, and ability to adapt to the group home's program.

### **Treatment Plan/Progress Reports 9-3-93**

Within 30 days of admission, group home staff complete an assessment of the child's situation and needs. Guided by the results of this assessment, staff prepare a goal oriented program which includes treatment, education and social services, a plan for recreation, and provisions for meeting any special physical problems which the child may have. A written copy of this treatment plan is forwarded to the child's Worker.

The treatment plan is developed by the house/parents or staff who have the major child care responsibility in conjunction with at least one social worker, psychologist or psychiatrist, and a teacher or education specialist from the school the child attends. The Local Office Worker is made aware of all changes in the treatment plan through the receipt of regularly prepared progress reports written and forwarded by group home staff. The CP&P Worker should participate in the staffings and in the formulation of the treatment plan.

The child is also involved in the formulation of the plan and is made aware of the goals and components of the plan. The child's family is an integral part of the plan and they must be aware of their role in the treatment program.

The treatment plan includes the specific services to be provided by the group home program and community agencies. It identifies staff or consultants accountable for implementation of the plan.

The staff reviews the treatment plan for the child within 90 days of the time it is formulated and at least quarterly thereafter. Progress reports are prepared and sent to CP&P at those times.

### **Supervision 9-3-93**

When a child is admitted to a group home program the CP&P Worker from the sending Local Office provides all necessary supervision and social services as are provided to any child in a residential placement regardless of the location of the group home. These responsibilities include:

- contact with the child on a previously determined MVR schedule to assess the child's adjustment and feelings toward the placement;

- “prepare the case plan at least once every six months after the previous case plan”; (N.J.A.C. 10:133D-1.4(b))
- comply with the requirements of the Child Placement Review Act, N.J.S.A. 30:4C-50 et seq.;
- contact with appropriate group home staff to assess the child's progress in the facility;
- attendance at staffings to provide input and participation in planning for the child;
- review and filing of progress reports when they are submitted;
- contact with the child's family or caregiver on a previously determined schedule;
- contact with the community agencies which are involved with the child, school systems, employer, courts, etc.;
- coordination and arrangement of vacation, holiday and discharge plans;
- documentation of the child's experiences and adjustment in the child's record; and
- timely completion of all necessary forms which assure proper funding and monitoring of the placement, including board rate, clothing allowance, if appropriate, and Medicaid coverage. Consult the Residential Resource Guide binder for specific information in regard to cost.

## **Termination of Placement                      10-3-2011**

The group home staff, in consultation with the child and Worker, prepares a written plan at least 45 days prior to discharge. The discharge plan assesses the child's continuing needs and recommends a plan for provision of follow-up services in the child's new environment. The appropriate group home staff member and the Worker explain the discharge plan to the child's parent or legal guardian. A copy of the discharge plan is filed in the child's record at both the group home and the Local Office.

If the case plan is to return the minor child to the family home, and this home was investigated for a Child Protective Services (CPS) report during the present history of the case, the Worker completes a Risk Reassessment, CP&P Form [22-26](#), to ensure thorough assessment of all or any children in open status residing in the home prior to the child's return home from placement.

In situations where an unplanned discharge or emergency termination from the group home is necessary, a group home staff representative is required to provide written or oral notification of the discharge to the Worker at least 10 days prior to the discharge.

See [CP&P-IV-E-4-200](#), Unplanned Discharge. The facility staff prepare a written report explaining the reasons for the child's termination. The report is sent to the child's Worker and communicated to the child's parents or guardian. The report must be completed within 14 days after any unplanned discharge.

### **Aftercare Services 9-3-93**

Aftercare is a service provided by some group homes. Aftercare services include casework support and advocacy to the child during the transition from treatment to post-treatment life. In instances where aftercare is provided, the group home staff monitor all persons involved in the implementation of the discharge plan (the former resident, the family, service-providing community agencies) to ensure that the plan is being implemented properly and to coordinate any modifications which seem essential. The group home contacts all parties involved for the first six months following the resident's discharge. Written reports on the contacts are submitted to the Worker. If for any reason the discharge plan becomes inoperative, CP&P is notified in writing immediately. CP&P's aftercare responsibilities are outlined in [CP&P-IV-E-4-300](#), Post Discharge Supervision and Termination.

### **Procedures Related to Group Homes 9-3-93**

RESPONSIBILITY	ACTION REQUIRED
Worker/Assistant Supervisor	1. As a result of an Assessment, determine that the most appropriate case plan for the child is placement in a group home.
Worker	2. Select a group home for referral.
	3. Prepare a referral summary.
	4. Forward referral to the group home.
Group Home Staff	5. Review referral.
	6. Notify Worker of initial determination based on referral material within 7 days.
	7. Coordinate pre-placement interviews, if appropriate, with Worker.
Worker	8. Discuss pre-placement interview with child and family.
Group Home Staff	9. Conduct pre-placement interview.
	10. Accept/reject child, within 21 days of pre-placement interview and advise Worker of determination.
Worker	11. Notify child and parents of the group home's determination.
	12. Arrange for child's physical examination if child is accepted.
	13. Secure authorization for placement, using the Residential Placement Agreement.
	14. Arrange school transfers and makes all necessary school contacts.
	15. Arrange or provide transportation to group home and record

	case movement.
Group Home Staff	16. Admit child to group home.
	17. Prepare treatment plan within 30 days of admission.
	18. Implement treatment plan.
Group Home Staff/Worker	19. Review treatment plan within 90 days of its initial implementation and quarterly thereafter. Prepare and forward progress reports at the time of these reviews.
Worker	20. Supervise the placement.
Group Home Staff/Worker/Child	21. Coordinate and develop written discharge plan.
Group Home Staff/Worker	22. Explain discharge plan to child's family. File copies of the plan in the child's records.
Group Home Staff	23. Submit a full written report of discharge to Worker within 14 days of discharge, if discharge is unplanned.
Worker/Group Home Staff	24. Provide post discharge supervision/ aftercare, if appropriate.
Group Home Staff	25. Submit to the Worker written reports of aftercare services provided to the child.
Worker	26. Complete case recording.
	27. Terminate involvement with the family when services are no longer needed.